

**DECLARATION AND POWER OF ATTORNEY  
UNDER 35 USC §371(c)(4) FOR  
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:  
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: DETECTION AND RECOGNITION OF OBJECTS BY MULTISPECTRAL SENSING

described and claimed in international application number PCT/IL98/00568 filed November 20, 1998.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Israeli Patent Application No. 12258 filed November 20, 1997

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;  
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;  
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and  
Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

*Typewritten Full Name  
of Sole or First Inventor*

*Inventor's Signature*

*Date of Signature*

*Residence:*

*Citizenship:*

*Post Office Address:*

Yoseph

Given Name

Middle Initial

KOLTUNOV

Family Name

Month

Day

Year

Holon

City

State or Province

ISRAEL

Country

ISRAELI

Avivim, Street 10/20, 58267, Holon ISRAEL

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒  
(Discard this page in a sole inventor application)

1 **Typewritten Full Name  
of Joint Inventor**

Alexander MAXIMOV  
Given Name Middle Initial Family Name

2 **Inventor's Signature:**

X [Signature]

3 **Date of Signature:**

X 12.10.01  
Month Day Year

Residence:

Jerusalem

City

State or Province

Year  
ISRAEL  
Country

Citizenship:

ISRAELI

Post Office Address:

(Insert complete mailing  
address, including country)

Haarazim Street 17/20, 96181, Jerusalem ISRAEL

1 **Typewritten Full Name  
of Joint Inventor**

Igor MEITIN  
Given Name Middle Initial Family Name

2 **Inventor's Signature:**

X [Signature]

3 **Date of Signature:**

X 22.10.01  
Month Day Year

Residence:

Giv'at Shmuel

City

State or Province

Year  
ISRAEL  
Country

Citizenship:

ISRAELI

Post Office Address:

(Insert complete mailing  
address, including country)

Ben-Gurion Street 7/30, 54018 Giv'at, Shmuel ISRAEL

1 **Typewritten Full Name  
of Joint Inventor**

Motti ALLON  
Given Name Middle Initial Family Name

2 **Inventor's Signature:**

X [Signature]

3 **Date of Signature:**

X 15.10.01  
Month Day Year

Residence:

Mazkeret Batya

City

State or Province

Year  
ISRAEL  
Country

Citizenship:

ISRAELI

Post Office Address:

(Insert complete mailing  
address, including country)

Givati St. 10, Mazkeret Batya, ISRAEL

1 **Typewritten Full Name  
of Joint Inventor**

Glen GUTTMAN  
Given Name Middle Initial Family Name

2 **Inventor's Signature:**

X [Signature]

3 **Date of Signature:**

X 18/10/01  
Month Day Year

Residence:

Tel Aviv

City

State or Province

Year  
ISRAEL  
Country

Citizenship:

ISRAELI

Post Office Address:

(Insert complete mailing  
address, including country)

Sderot Chen 39, 64166 Tel Aviv ISRAEL

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 3 AND PLACE AN "X" HERE ☒

1	<b>Typewritten Full Name of Joint Inventor</b>	* <u>Arik</u> <u>KERSHENBAUM</u>		
		Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>	<u>X</u>		
3	<b>Date of Signature:</b>	<u>X</u>		
		Month	Day	Year
	<b>Residence:</b>	<u>Ra'anana</u>		
		City	State or Province	Country
	<b>Citizenship:</b>	<u>ISRAELI</u>		
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	<u>Moshe Dayan Street 3/1, 43580 Ra'anana ISRAEL</u>		

  

1	<b>Typewritten Full Name of Joint Inventor</b>			
		Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>			
3	<b>Date of Signature:</b>			
		Month	Day	Year
	<b>Residence:</b>			
		City	State or Province	Country
	<b>Citizenship:</b>			
	<b>Post Office Address:</b> (Insert complete mailing address, including country)			

  

1	<b>Typewritten Full Name of Joint Inventor</b>			
		Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>			
3	<b>Date of Signature:</b>			
		Month	Day	Year
	<b>Residence:</b>			
		City	State or Province	Country
	<b>Citizenship:</b>			
	<b>Post Office Address:</b> (Insert complete mailing address, including country)			

  

1	<b>Typewritten Full Name of Joint Inventor</b>			
		Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>			
3	<b>Date of Signature:</b>			
		Month	Day	Year
	<b>Residence:</b>			
		City	State or Province	Country
	<b>Citizenship:</b>			
	<b>Post Office Address:</b> (Insert complete mailing address, including country)			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first and second page of the Declaration and Power of Attorney of the application to which it pertains.